

Flow Cytometry Core Facility

**Pre-Sort Questionnaire – MoFlo**

**User:** Click here to enter text.

**Date:** Click here to enter a date.

**PI:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Grant #:** Click here to enter text.

**Cells to be Sorted:**

**Cell type** [ ] Cell Line [ ]  Primary Cells [ ]  Other: Click here to enter text.

**Species:** [ ]  Human [ ]  Mouse [ ]  Rat [ ]  Other: Click here to enter text.

**Animal Facilty Information:** Click here to enter text.

**Tissue Origin or Cell Line Name**: Click here to enter text.

**Are the cells fixed?** [ ]  No [ ]  Yes Fixative: Click here to enter text.

**Does the sample contain any known infectious agent:** [ ] Yes [ ]  No [ ]  Unknown

If yes, then list agent(s): Click here to enter text.

**Capacity to infect human cells:** [ ] Yes [ ]  No

**Have the cells been genetically engineered or manipulated?** [ ] Yes [ ]  No

If yes, how were they engineered? If a virus was used then please list it. Click here to enter text.

**Has project been reviewed by IBC, IRB or IACUC?** [ ]  Yes [ ]  No

**IBC#** Click here to enter text. **IRB#** Click here to enter text. **IACUC#** Click here to enter text.

 **Assigned BSL** Click here to enter text.

**If human donors provided the sample, were they screened for bloodborne pathogens?** [ ] Yes [ ]  No

If yes, provide results: Click here to enter text.

**Were the cells transformed using a virus such as Vaccinia viruses, EBV, HTLV-1, herpes saimilii, etc.?**

 [ ] Yes [ ]  No. If Yes, list virus: Click here to enter text.

*For Flow Cytometry staff*

**Sort Approval Number:** Click here to enter text.